STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH IF UNDER 24 HRS.

9 BALTIMORE CITY OR COUNTY OF DEATH

(STATE OR FOREIGN

Louise

4. RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for hit, th), or PART I, DEATH WAS CAUSED BY:

DIVORCED |

Caroline

12b. KIND OF BUSINESS OR INDUSTRY molonety operator Private

76 CITIZEN OF WHAT COUNTRY

- STATE

3. SEX

REGISTRAR

DECEASED NAME (TYPE OR PRINT)

Rudolph

Schmitt

17. INFORMANT

ADDRESS

Perch

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

16b. SOCIAL SECURITY NO 217-03-9176

Elmer S. Biles

Box 161 R

MIDDLE

Marylan

IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause

190 DATE OF OPERATION

CERTIFICATION

19b. CONDITION OF WHICH OP

ACCIDENT WAS UNDERLYING SE OF DEATH 21d. INJURY OCCURRED

21b. TIME OF INJURY P.M 21e PLACE OF INJURY

DAY YEAR

21f LOCATION

COUNTY

22a.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on

DEGREE ATTENDING

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (our) apinian death accurred an the date and haur and from the causes stated

Paul Pritchett, M.D.

22e ADDRESS

LaPlata, Maryland

23d LOCATION

8

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 11/4/87

23c. NAME OF CEMETERY OR CREMATORY Loudoun Park Cemetery

CITY OR TOWN Baltimore Maryland

24. FUNERAL DIRECTOR

6160 Oxon Hill George P. Kalas Funeral Home Oxon Hill. Md. 250. DANE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be

10:0-101-160170 400 Charles Button Mil 45 4 PIRTE Charles Town Kurse Horse in This Bar To the deal of the first to the Court operation or well to form trained to judicialized problem I same has Stratte and the good times in a morning protein planeter, and that planete to face

Waldorf. Md. 20601

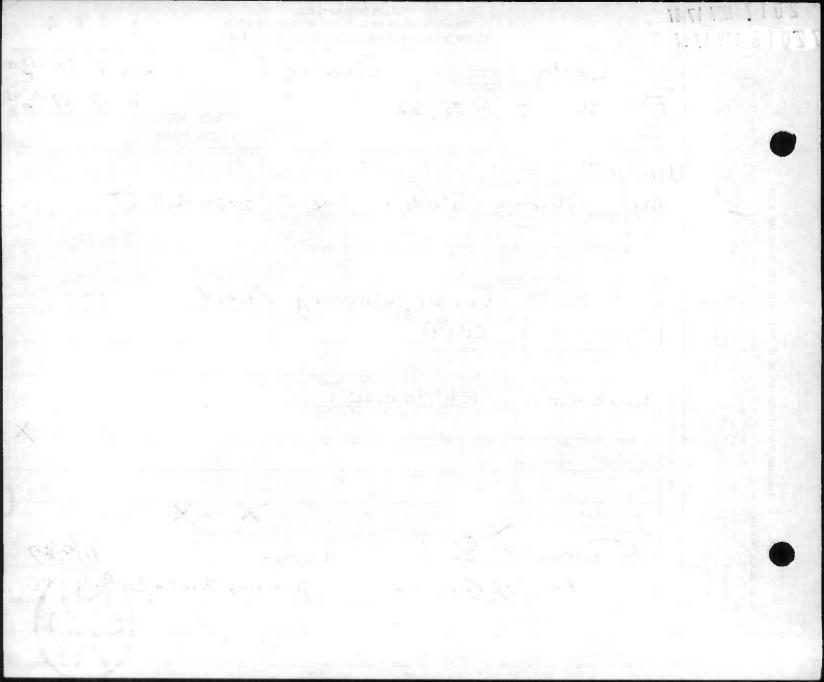
(VRA 15, 4)

STATE OF MARYLAND

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- I'd isoland bearing Him

20M 4/82



•	ter death. Page 4 mpy be
., BALTIMORE, MARYLAND 21201	ificate be executed within 24 hours of
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 mpy be retained by the haspital or attending physician.
	TO HOSPITAL OR ATT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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1402 NOV 10	87-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	REG. N	3 2 6	/ 5
yy be age 3 death		EASED NAME FIRST Fann:	ie L.V.	Clodf	elter	November	6, 1987	26 HOUR 2:45A M
or. p	3. SEX	Female	Cau.	S. DATE OF SED	H DAY YEAR	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER LYEA MONTHS DAYS	R IF UNDER 24 HRS 5 HOURS MIN.
Page		RTHPLACE (STATE OR FOREIGN OUNTRY) North Carolin	76. CITIZEN OF WHAT	ALA DOUG	D NEVER MARRIED	RALTIMORE CITY OF Charles	OR COUNTY OF DEATH	MD.
s offer de		a Plata	11. NAME OF HOSPI Physicia Physicia	TAL, NURSING HOME	or other Institution al Hospital	120 USUAL OCCUPAT		OF BUSINESS OR
within 24 hours often geely filled in by the discount to the light wither many to the many than the many	13a. S	LRESIDENCE (IF NURSING HOME OF TATE Aryland 13b. Coun		SIDENCE BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 220 Garn	/ ZIP CODE ler Avenue	20601
MARYLA MA	14. FA	THER'S NAME Preston	WIDDIE	Lackey	15 MOTHER'S MAIDEN NA Maggie		Stamp	êr
imone, on and ca	160. W	AS DECEASED EVER IN U.S. AR	Course on overes.	OCIAL SECURITY NO. 79-24-2667	Billie R.	Clodfelte		13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and campletely filled in both the burial-transit permit. Then please remove corban papers. Pages I and Salt with the notion of Member 18 shows only injury, or other troumotic event, the medical example miniture orked or Item 18 shows only injury, or other troumotic event, the medical example.	7	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A (b) DUE TO, OR AS A	A CONSEQUENCE OF A CONSEQUENCE OF WHAT BUTING TO DEATH BUT		NNAL DISEASE OR CON	DITION GIVEN IN PART I	10
TAL RECORDS: The law requiricion. Is hos been signed print. The law permit. The law form the law only injury injury.	CERTIFICATION	19a date of operation	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
IVISION OF VITAL I	CAL	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALIFE LITTER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. A P.M.	MONTH DAY YEAR	211 LOCATION STREET	RED (ENTER NATURE OF INJU	1717	STATE
R ATTENDI haspital or RECTOR: A red for use spt of Heal		220.1 certify that (I) (this hospi sow the deceased alive an above, (I) twen ideal ideal no		1987 0	13 19 82 nd that in (my) (our) opinion DEGREE	, to <u></u>		, that III (we) lost e couses stated E SIGNED
TO HOSPITAL O retoined by the TO FUNERAL DI Should be detect with the State Do MAPORTANT: If I		22d PHYSICIAN'S NAME (TYPE OF Dr. Michae	R PRINT) 1 A. Leat	cherwood,	22e. ADDRESS Rt. 30	MEDICAL STA	IAN 11-	6-87
					Waldo	ori, Maryl	land 20601	

DHMH - 16 60M 7/B4 (VRA 15, 4)

P.O. Box Waldorf, 156 Md. Huntt Funeral Home 20601 NUVEU 9 1987 TRAPIZE RESISTRAPISES OF THEE

MOVE STATE AND A STATE OF THE S

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

REGISTRAR REG. NO Cole November 09 1987 I. DECEASED NAME 0 den Joseph 1987 (TYPE OR PRINT) 4:45P 6. AGE (IN YEARS LAST BIRTHOAY) 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 03 20 Black. 67 Male BALTIMORE CITY OR COUNTY OF DEATH Charles To BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Maryland USA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Physicians Memorial Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20646 13e STREET ADDRESS 13b. COUNTY 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN Plata Hickory Lane Apt 415 Charles YES X X Maryland La NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE Cole Lassie Dorsev Joseph Daniel ME WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mattingly Rd (IF YES, GIVE WAR OR DATES) Barbara Campbell LaPlata. unknown APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for in the one in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) insur andiovasular Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ner lesses are 20b. IF YES, WERE FINDINGS USED 90. DATE OP OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF HOUR A.M. MONTA AY YEAR OR CONTRIBUTION SAUTE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE 220.1 certify that (1) (this haspital) attended the deceased fram, . and that in (my) (our) apinian death accurred on the date and hour and from the couses stated saw the deceased alive an_ abave, (1) (we) (did) (did nat) view the body after death 16. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Paul Pritchett, M.D. La Plata, Maryland 02646 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Newport, Chas. Co., MD St Mary's Cath Ch Burial 14 Nov 87

DHMH - 16 50M 4/82 (VRA 15, 4)

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72300 my 1917 -

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

I. DECEASED NAME

WHILE

3. SEX

FIR51

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENT CERTIFICATE OF DEATH

NO P

ILC.				
20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	11	07	87	1;40
6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 H

12b. KIND OF BUSINESS OR

Charles

12a USUAL OCCUPATION

(TYPE OR PRINT) Aline Combs Lavne 4 RACE 5. DATE OF BIRTH MONTHS DAYS HOURS March 18, 1919 68 Female White To BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. VA.

WIDOWED DIVORCED 10 CLTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

industry Home HOUSEWITE La Plata Physicians Memorial Hospita NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Valley Lee St .Mary's 13d INSIDE CITY LIMITS? Gen. Delivery/20692

15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLES. Frank Layne Emma Holman⁵¹ Gen.Delivery 17. INFORMANTANCIAN CAUGHT CADDRESS 16b. SOCIAL SECURITY NO. 160, WAS DECEASED EVER IN U.S. ARMED FORCES?

YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227-22-9770 Wanda F. Allard Valley Lee, MD. 20692

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1	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E		and form	unkun Strand
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	6	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	1.20	YES NO RY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive on obove, (1) (we) (did) (did not) view the body	ofter death.	urred on the date and hour and from the causes stated
22b. S/GNATURE	DEGREE	22c. DAJE SIGNED
112011	ATTENDING MEDIC	AL CTAFE LIGHT.

PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Charles Mem. Gardens/Leonardtown STM

24 FUNERAL DIRECTOR W.Clarke Mattingley Leomardtown, MD.

11/10/87

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Kindon Rudall

CITY OF TOWN

COUNTY

STATE

MDATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR:

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DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VA 2231

(VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

14.	CE ACED ALAJAE	FIRST	M	HDDLE	LA	151	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	CEASED NAME						40 4			
		Alice	B	irchall	Ga	omon	Novemb	er 13	, 1987	12.12
3. SE	Х		RACE		5 DATE O	FBIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24
	Female		Caucas	ian	April	. 10, 1908	79	YRS	UNINS DATS	HOURS
7a BI	IRTHPLACE (STATE C	OR FOREIGN 7		VHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	
	country) assachuset	-te	U.S	Δ	WIDOWE	NEVER MARRIED D	Charles Co	nints		
-	ITY OR TOWN OF D		1. NAME OF H	IOSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12h KIND O	F BUSINESS
T170	ldowf			FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST O			
	ALRESIDENCE (IF NO			ber Leaf		; #TT	Homemake	r .	Home	7/ 15
13a. S	STATE	136 COUNT	Υ	13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		5 77	60
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2	FIRST	M	IDDLE	LAST		FIRST	WIDDIE		LAS	T
1	John		J.	Sterno		Jane	E.			Lton
	WAS DECEASED EVE YES, NO OR UNKNOWN!		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	9102°D	xon D	rive	
N	NO.			578-03-78	366	Linda Willi	ams Clintor	. Mar	vland	MATE INTERVA
	Conditions, if or	IMMEDIATE		AS CONSESSES	NCE OF	had Pul	are live	7		
FICATION	Conditions, if or gove rise to it couse to, sto underlying counderlying country PART 2. OTHER SIL	ny, which mmediate ting the isse lost	DUE TO, OR b) DUE TO, OR	AS A CONSTQUE	ENCE OF	NOT RELATED TO THE TER. LICENA WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED OF DEATH
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DHMH - 16 60M 7/ (VRA 15, 4)

BP.

0715,39, NOV

	STATE OF MARTLAND
OR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

		FOR					OF MARYLAND			7 0	6 9	0	
9	1-	STATE REGISTRAR			DEPARTA		EALTH AND MEN		0 ,	3 4	0 0	, 0	
10	InDia	CEASED NAME	FIRST	-	MIDDLE	LA	ST		REG. N 20. DATE OF DEATH		DAY YEAR	26 HOUR	-
14		OR PRINT)	Rich	ard E	dward	Hei	se Jr.		NO		87	1:03%	M
	1 SE	X		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS	_
		Male		Whit		10		15	72	YRS	ONTHS DAYS	HOURS MIN.	
	7a. Bl	IRTHPLACE STATE OR FO	ORE IGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	XX NEVER MAR	RIED [9. BALTIMORE CITY		OF DEATH		
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2		ITY OR TOWN OF DEA LaPlata	_CC	Physis	HOSPITAL, NURSIN	embr 1	R OTHER INSTITU		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Machinis	OF WORKING LIFE	INDUSTRY	GOV t	
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A	14. FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	AIDEN NAM	ΙE				~
2	The same of the last	Richard	Ec	dward	Heise			heri	ne Edith	1	Bébb		
		WAS DECEASED EVER II YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT					Head A	VE
		No			214-28-	4153	Ruby H	. He:	ise,India	in Hea	id . Md .	20640	
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Н		PART I. DEATH WA		DBY: E CAUSE (o)	Can	dia	- ares	4					
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		gave rise to imme cause (a), stating	the	DUE TO, O	OR AS A CONSEQUE	NCE OF	11	1	0				
		underlying couse	lost.	((c)_			Juston	Lun					
	,	PART 2. OTHER SIGN	IFIGANT C	ONDITIONS	ONTRIBUTING TO	EATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DINON GIVE	N IN PART I	0	-
	CERTIFICATION	Cardian	Var	with	- V. tail	yearde	w - Tha	Jugard	2 min (1 tr	offern.	- 216C	country	M
9	KCA	190 DATE OF OPERAT	ION	19b. CON	DITION FOR WHICH	ERATION	WAS PERFORME	D	20s AUTOPSY?		, WERE FINDIN		
	RTIF	self miss							YES NO	YES		NO 🗌	
3	8	21a. ACCIDENT WAS UNDE			OF INJURY L.M. MONTH DA	Y YEAR	21c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)		
	CAL	(IF EITHER NOTIFY MEDIC			P.M.	19							
9	VED	21d INJURY OCCURRI			OF INJURY	A PAN FIC)	211 LOCATION		CITY OR TO	OWN	COUNTY	STATE	_
	^	NOT WHE	LE 🔲	(THE THE TOWN OF THE E. T.	ANN ETC)	,						
		220.1 certify that (1)	this hospit	tal) ottended t	he deceased from_	20/	7/0	9 71/	_, to VOV	100	987.	tho (1) (we) lost	-
		sow the deceased above, (I) (we) (di	d alive on, d) (did na	t) view the bod	y after death.	81, one	that in (my) (our) opinion de	eath accurred on the a	ate and hour	and from the c	auses stated	
	114	226. SIGNATURE	1	, 0	Λ	D	EGREE				22r. DATE S	SIGNED	AMA
		1-	Jun	J 12	whe my		ATTEI PHY:	NDING SICIAN D	MEDICAL STA	FF CIAN []	NOT	(6-87	
1		22d PHYSICIAN'S NAME Henr	y L	Burk	e MD.		Howard	St.	LaPlata	Md. 2	20646		
П	23o B	BURIAL, CREMATION, R	EMOVAL	23b. DATE	23c N	IAME OF CE	METERY OR CREA	MATORY	23d. LOCATION				=
	(Burial Burial		11-0	9-87 Tr	inity	Mem.	Grdns	Waldor	f Ch	arles	STATE Md -	
	24 FL	UNERAL DIRECTOR						25a. DATE	REC'D. BY REGISTRAF	25b. REGISTR	AR'S SIGNATI	URE	-

DHMH - 16 60M 7/84

(VRA 15, 4)

Arehart Funeral Home, Inc., La Plata, Md. NOV 10 1987

77 | 5.8 E | 100 | 2.67 Machinist we. Jud.com's. Objection that a think the control of the last wange Control The modelation of the case of Company of the sales of the sal Company to the second to the s Like religion that with a series and printed that any lighter M. S. LESSE MAN TO ARTS ARRIVE AND THE SECOND

should be detached for use with the State Dept. of Heo IMPORTANT: If Item 21 is m

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

4	14 6	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	I DEC	CEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
A		OR PRINT)	Margar		Alice		Knode	November 1	,	987	6;31Pm
	3 SEX		4.	RACE		5 DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	MONINS DATE	
		emale		Cauca		10-	3-1922 YEAR	65	YRS		HOURS MIN.
1		RTHPLACE (STATE C			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
1			olina	USA		WIDOWE		Charles			MD.
5	10 CI	ITY OR TOWN OF D	EATH 11		HOSPITAL, NURSIN H FACILITY, GIVE STREET		DR OTHER INSTITUTION	12g USUAL OCCUPAT			OF BUSINESS OR
5		a Plata	P	hysici	ans Memor	ial H	lospital	Checker			tFood
	13a S	AL RESIDENCE (IF NO	13b COUNTY	HER INSTITUTION	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP COD	F	
7	_	aryland	Charl	es	La Pla	ta	YES NO 💢	P. O. B			20646
N	14. FA	ATHER'S NAME	, MID	DLE	LAST		15 MOTHER'S MAIDEN NA	AME		14	AST
7		J.	L	•	Ing	gle	Callie			Smart	
1		VAS DECEASED EVE	ER IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT	ADD		- 3	
4		YES, NO OR UNKNOWN)			579-22-	-2350	Rebecca L	 Waggone: 	r s	ame as	s 13
		18 CAUSE OF DE	ATH (Enter anly of WAS CAUSED E	ane cause per	line far (a), (b), an	dici.i				BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
		PARTI DEATH	IMMEDIATE (Respi	Yatar	y arrast				
				DUE TO OF	R AS A CONSEQUE	NCB OF	0				
		Canditions, if ar	ny, which	(b)	Em	phu	fema.				
		gove rise to it		DUE TO OF	R AS A CONSEQUE	NCE OF					
		underlying cau		(0)	AS A CONSEQUE	INCLOP					
	13	PART 2 OTHER SI	GNIFICANT CO	NDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	DITION GIV	VEN IN PART 1	la
	MEDICAL CERTIFICATION	100									
1	CAT	190 DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
5	TIF							YES NO		ES [NO [
	CER	21a ACCIDENT WAS U	- Long	216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
	AL	OR CONTRIBUTING		P./		19					
	EDIC	21d. INJURY OCCU	PRRED	21e PLACE			211 LOCATION	CITY OR T	214/81	COUNTY	STATE
	X	MHILE NOT	WHILE TO	(ATHOME STR	EET, FACTORY OFFICE, F	ARM, ETC)	SIREE	CITYON	3444	(00)411	STATE
		22a I certify that		attended the	e deceased fram_	14-0	ml 19 91	ta O	1-19-	1987	, that (1) (we) last
		saw the dece	ased alive on	[.]	9- 195	7 , ar	nd that in (my) (our) apinion	death occurred an the	date and hav	ur and from the	
	1.0	226 SIGNATURE	(did) land note v	new the body	affer deaffi.		DEGREE			22c. DAT	E SIGNED
			10	nat	£	n	1-D . ATTENDING	MEDICAL STA	CIAN []	11-	-19-87
/		22d. PHYSICIAN'S	NAME (TYPE OR PE	RINT)			22e ADDRESS			17.	
	14.5	Girija	S. Rati	h M.D			Waldorf, Md	20601			
P		SURIAL, CREMATION		23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	0	rematior)	11-22	-87 H	ntt	Crematorv	Waldorf	Ch	arles	Md
-	24. FU	NERAL DIRECTOR			P. U. E	OX I	56 25a. DA	TE REC'D. BY REGISTRAL			
	H	un't't Fur	neral H	lome	Waldorf	, Md	. 20601 NO	1 2 3 1007			
						·	1110	4 4 30 4	11		

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STATE	OF	MARYL	AND

6

87	FOR STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TIPE	Anthon	"Stanley _{Kr}	ashefski	November 12.	1987 1:20
3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 2.
	W-1-	Cau.	Oct. 25, 192	0/1	MONTHS: DAYS HOURS
7o. BI	Male IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COL	INTY OF BEATH
	Penn	U.S.A.	MARRIED NEVER MARRIE	D []	DINTI OF DEATH
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCE		
10 01	III OK IOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINES
	a Plata	Physicians Memo		Draftsman .	U.S.Gov't
13a. S Ma	aryland Cha	other institution, give residence before ITY I 13c CITY OR TOW, Thes White P	lains yes No E	Rt.#1,Box 3	20695 29 Kahler Ro
14. FA	ATHER'S NAME	MIDDLE . IAST	15. MOTHER'S MAID		1.467
	Anthony	Krashefsk	ki Ros	salie	Krysztop
	WAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	ADDRESS	
	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 209-16-	-0699 Ethel M	1. Krashefski s	
	IB. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line (ar (a), (b), and	d (c).)	·	APPROXIMATE INTERV. BETWEEN ONSET AND D
	Conditions, if any, which gave rise to immediate)	rema deing	8	
IFICATION	gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	nome dung	INC	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH
ERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	200 AUTOPŠÝ? 200. YES □ NO □ IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
AL CERTIFICATION	gave rise to immediate cause (a), sating the underlying cause last. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH 116. TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	(b) CONCAY DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	OPERATION WAS PERFORMED AY YEAR 19	200 AUTOPŠÝ? 200. YES □ NO □ IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
MEDICAL CERTIFICATION	gave rise to immediate cause (a), sating the underlying cause last. PART 2 OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH 116. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED 21c. HOW INJURY CO. 19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPŠÝ? 200. YES □ NO □ IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK AT WORK OR Sow the deceased alive an above, (I) (was (did)) (dud. on abo	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH 19b. CONTRIBUTING TO D	OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION SIREET , and that in (my) (own)	206 AUTOPSY? 20b. YES NOTE N	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO COUNTY STA
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTWHILE AT WORK NOTWHILE AT WORK OF THE CONTRIBUTION OF THE CO	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 10b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE, FA (c) attended the deceased from 19 view the bady after death.	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED 21L HOW INJURY OF STREET 21L LOCATION STREET DEGREE ATTEND PHYSIC	206 AUTOPSY? 200. IN C YES NOTE NOTE IN C CITY OR TOWN To To Town To Town Pinian death occurred on the date and	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MISS PART I OR PART 2) COUNTY STATE IN THE COUNTY STATE AND THE COUNTY STA
	gave rise to immediate couse (a), stafing the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK ALWORK ALWORK ALWORK ALWORK ALWORK ALWORK (1) (wal (did no abave, (1) (wal (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPEO)	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D 198, CONDITION FOR WHICH: 198, CONDITION FOR WHICH: 198, CONDITION FOR WHICH: 198, CONDITION FOR WHICH: 199, CONDITION	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED AY YEAR 19 211. LOCATION STREET DEGREE ATTEND PHYSIC 220. ADDRESS Ch	206 AUTOPSY? 200. INC YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MIB PART 1 OR PART 2) COUNTY STATE A COUNTY STATE
MEDICAL	gave rise to immediate couse (a), stafing the underlying cause last. PART 2 OTHER SIGNIFICANT OF THE COUNTY OF TH	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH: 196. CONDITION FOR WHICH: 196. CONDITION FOR WHICH: 197. HOUR A.M. MONTH DA 198. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) (at) attended the deceased from 199. Which body after death.	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED 21c. HOW INJURY CONTROL 21c. HOW INJURY C	206 AUTOPSY? 200. IN C YES NOTE NOTE IN C YES NOTE NOTE IN C YES NOTE IN C CITY OR TOWN CITY OR TOWN A COLOR OF THE CALL STAFF LAN DIRECTOR PHYSICIAN C LATTES Prof. Bldg. Ldorf, Md. 20601	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MIB PART 1 OR PART 2) COUNTY STATE A COUNTY STATE
WEDICAL WEDICAL	gave rise to immediate couse (a), stafing the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED AT WORK ALWORK ALWORK ALWORK ALWORK ALWORK ALWORK (1) (wal (did no abave, (1) (wal (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPEO)	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D 196. CONDITION FOR WHICH: 196. CONDITION FOR WHICH: 196. CONDITION FOR WHICH: 197. HOUR A.M. MONTH DA 198. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) (at) attended the deceased from 199. Which body after death.	DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED 21L. HOW INJURY CONTROL OF THE OPERATION STREET 21L. LOCATION STREET DEGREE ATTEND PHYSIC 22e ADDRESS Ch WARME OF CEMETERY OR CREMA	206 AUTOPSY? YES NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO MIB PART 1 OR PART 2) COUNTY STATE A COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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s after death

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

7 2

07	REGISTRAR				CERTIF	ICATE OF DEATH	0 /	REG. NO.			
1 DE	CEASED NAME	FIRST		AIDDLE	Ĺ	AST	26. DATE OF D		DAY YEAR	2b. HOUR	
(1196	,	James	And	erson H.	Mak1	e	Novem	her	3 1987	6.05 Am	
3. SE	х		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEAR		IF UNDER I YEAR	IF UNDER 24 HRS	
	Ma1	e	B1a	ck	03	29 1907	80	YRS		HOURS MIN.	
	IRTHPLACE STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH		
	Maryland		USA		WIDOWE			es Count	V	MD.	
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING	12b. KIND O	F BUSINESS OR	
1	LaPlata					1 Hospital	(TITE OF WORK TO	A MOST OF WORKING	Jenes Habourki		
130. 5	AL RESIDENCE (IF NURS	13b. COUN Char	₹TY	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Hughes	N	13d. INSIDE CITY LIMITS?		Box 22		537	
14. FA	ATHER'S NAME	100	WIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	WIDDLE	LAS		
Ja	mes			akle akle		Mary	Heler		apman		
16s. V	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
ή	10	(# 123, 011	e war or bares,	220 32	7491	Marie Mak	1e S	SAA			
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), 9nd	dic.i	1		1	BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH W		E CAUSE (a)	(andi	00	Imonary	arres				
			DUE TO, O	R AS A CONSEQUE	NCE, OF	, 0					
	Conditions, if any	, which	(b)_	S	ephi	Caepana.					
	couse (a), statis	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF						
	underlying cause last. (c)										
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
TIO	190 DATE OF OPERA	- 01 0	4	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	CV2 I205 IE	YES, WERE FINDIN	ICE HEED	
CERTIFICATION	THE DATE OF OPERA	11014	170. COND	INDIVIOR WINCH	OFERATIO	NASTERI ORMED		NO IN CER	RTIFYING CAUSES	OF DEATH?	
ERT	216. ACCIDENT WAS UN	DERLYING [21b. TIME O	F INJURY		21c HOW INJURY OCCU				NO L	
AL	OR CONTRIBUTING		CIA .		AY YEAR						
WEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION			COUNTY		
W	WHILE NOT WE AT WORK	HILE .	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE	
	22a 1 certify that (1)		tal) attended th	e deceased Iram_	11	0 - 2 - 19 8 -	7 . to	1-3-	1985	that (I) (we) last	
	saw the deceas above, (I) (we) (ed alive an	t) view the bady	olter death	87.01	nd that in (my) (per) apinio	n death accurred	on the date and h	hour and Irom the	couses states	
	226. SIGNATURE	A	A.	difer dediff.		DEGREE			27c DATE	SIGNED	
	1	SI	att		V	M.D. ATTENDING	DIRECTOR _	STAFF PHYSICIAN	11/	3/1/8/	
	226. PHYSICIAN'S N.					22e ADDRESS				1	
	Girija	a katr	1 M.D.			LaPlata,	Marylan	d 20646	f		
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATI		COUNTY	STATE	
	Bur	ial	9 No	7 87 St	Mar	y's Cath C	h Brya	intown.	Chas.	Co. MD	
24 F	NAME NAME	1	1)	ADDRESS	Gno	25 - D	ATE REC'D. 8Y REC	GISTRAR 255 REG	SISTRAR'S SIGNAT	URE	
/	narlell	No	ams (Aquase	p-/1	120608 NO	10 10 19	187 Juli	a periodis.	V	

DHMH - 16 60M 7/84 (VRA 15, 4)

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7140	4 NOV	10 87	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

7 3 2 6 8 4

	1	REGISTRAR				REG. NO).						
		CEASED NAME FIRST	WIOOFE		LAST	2a. DATE OF DEATH	MONTH	OAY YEAR	2b. HOUR				
		Agnes	Evelyn		arshall	November	5,	1987	2:45P _M				
	3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATS	IF UNDER 24 HRS				
		Female	Caucasian	June	ë 26, 1915	72	YRS		MINI				
7		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH					
/	Wa	ash. D.C.	U.S.A.	WIDOW	ED NORCED	Charles			MD.				
5		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		DR OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE OF WORK FOR MOST O		12b. KIND O IFE) INDUSTRY	F BUSINESS OR				
Κ		aPlata	Physicians Me	mori	al Hospital	Homemakeı		N/F					
3	13a S	STATE _ 136_COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOW Waldor		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP COD	€ 20	0601				
1	Ma	aryland Cha	irles Waldor	Ť	YES NO	BOX 180,	Sub	Statio	on Rd.				
A	14 FA	ATHER'S NAME	MIDOLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS					
	30	Benjamin F	Penni fil.	1	Mary	J.	Hi	1					
	16a V	VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES			ghter ADDRE							
	1	YES, NO OR UNKNOWN) (IF YES, GO	18 YES, GYEWAR OR DATES) 577-34-4201 Mary Miller, Same as 13										
		18 CAUSE OF DEATH (Enter only one cause per line to 101, 101, and ICL) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PEROPETED TO LEAST TO LE											
		DUE TO, OR AS A CONSEGUENCE OF LA											
		Conditions, if ony, which	DUE 10, OR AS A CONSEQUE	NCE GIL	and thela	n							
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	1	The Company	ict	0.0						
		-											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN											
	Z	PARI 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO L	JE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	JII ION &I	VEN IN PART IT					
-	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	T20b. IF YE	S. WERE FINDIN	IGS USED				
	FIC.	The DATE OF GREAT OF		0.5	TO TELLI ORNIED		FYING CAUSES	OF DEATH?					
-	E	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO		ES D	NO 🗌				
9		OR CONTRIBUTING CAUSE OF DE	LIGUE AM MONITH D	YEAR	THE THOU MAJORI OCCORN	(ENIER NATURE OF INJUR	I IN IIEM IO	PART (OR PART 2)					
	Š	(IF EITHER NOTIFY MEDICAL EXAMINE		19									
٦	MEDICAL	21d INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE				
	~	AT WORK NOT WHILE AT WORK		PO .									
			ital) attended the deceased fram	,	· · · · · · · · · · · · · · · · · · ·	10 Marenles		-	that (I) (we) last				
		saw the deceased olive or above, (1) (we) (did) (did no	ot) view the body after death.		nd that in (my) (aur) apinion o	death accurred on the do	ite and ho	ur and Irom the	causes stated				
		22b. SIGNATURE	1 11 1	P	DEGREE	1.0000		22c DATE					
		"Murey C	I femore h	1/3	ATTENDING PHYSICIAN	MEDICAL STAF		11-	5-87				
1		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			orf Medic		ark					
1		Michael A.	Leatherwood, M	l.D.		uth, Wald			0601				
100		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION		t, Ohivit A	STATE				
	· '	Burial	11/9/87 Fo:	rt L	incoln Cem.	Brentwoo	od,	P.G.	Md.				

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detached for use as the busins among permit. Then please remove corban papers. Pages — at the State Dept. of Health and Mental Hygiene prior to busiol, cremation, or removal. — see

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending

e tony injury, or ather troumotic event, the medica

IMPORTANT: If hem 21 is marked or hem 48 shu

24 FUNERAL DIRECTOR
Huntt Funeral Home, Waldorf, Md. 20601

NO VERICO BY GENTRAR 256 REGISTRAR'S SIGNATURE

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No COVOM INSTITUTED TO THE PROPERTY OF A PROPERTY OF THE PROPE

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		O HOSPITAL OR STEENING BHYSICIAN. The low comings that the death certificate he executed within 24 hours	etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the luminal director, page 3	should be defacted for use as the burga-ingnity permit, their prease remarks corountables and a strong by a strong by with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayold.

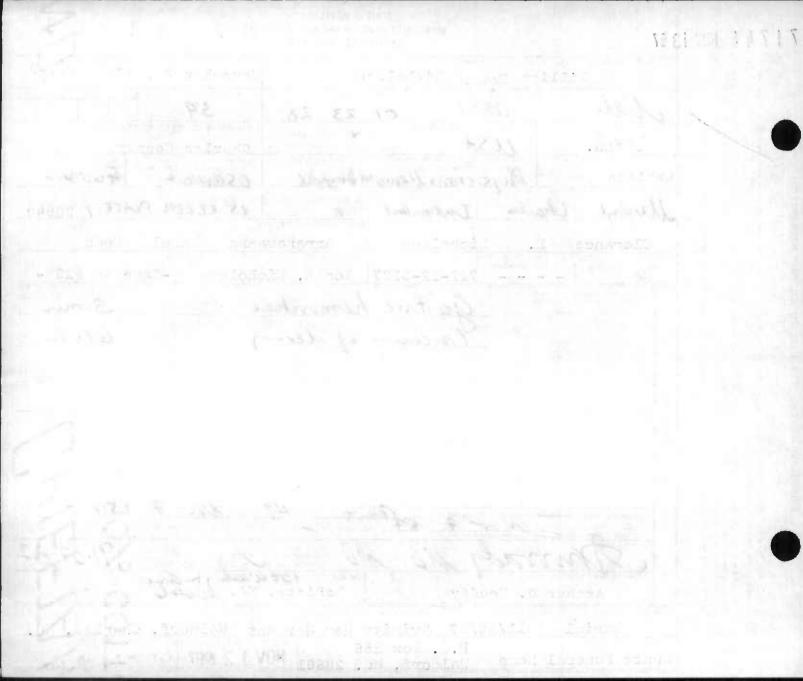
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

REG NO

OV 1:	8 Bi	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG	REG. NO	3 2	5 8	3 5		
		CEASED NAME FIRST Willi	am Edwin Nic	holso	ast on		MONTH D	1987	1:15 ^p		
/ September	3. SE	Male	1 RACE Paul -	S. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
1		IRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIE WIDOWE	D S NEVER MARRIED	9. BALTIMORE CITY O			MD		
holited		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		11/	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (SGallet (SGallet					
A Che		AL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 13c CITY OR TOV LLL TINDIA	WN.	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS		4CE /	20640		
ekomine		athert name Clarance E	. Nicholso		15. MOTHER'S MAIDEN NA Arrahaw	MIDDLE	bel	Dodď	if		
e medico		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 722-12-		Ida R. Ni		-Sam		#13 -		
event, sh		18 CAUSE OF DEATH (Enter or PART 1, DEATH WAS CAUSI IMMEDIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
r, ar ather traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	of ller	AINAL DISEASE OR CON	DITION GIVE	60			
rus any injury	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FIND IN CERTIFYING CAUSE					
lem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	?tc. HOW INJURY OCCUR						
orked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC }	21f. LOCATION STREET	CITY OR TO	wn 	COUNTY	STATE		
n 21 is mo		saw the deceased alive as abave, (I) (age) (did) (did age)	ital) attended the deceased from 19 19 19 19 19 10 10 10 10 10	\$7 /0	nd that in (my) (our) opinion	death accurred on the de	ote and haur	and from the			
		Signatur Mar	vdog. Mi	1		MEDICAL STAI	IAN 🗌	22c. DATE	57-87		
MPORTANT: IF		<u> </u>	O, Wooddy		LaP1ata,	0-0-0-					
_		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial			emetery or crematory y Mem Garde						
1/82		untt Funeral	Home P. Queess J. Waldon		56 NO	V 1 2 1987		RAR'S SIGNAT			

DHMH - 16 50M 4/82 (VRA 15, 4)

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8 NOV IR OF	EASED NAME	FIRST	MIDDLE	LAS	T	-
e e e e e e e e e e e e e e e e e e e	PEOR PRINT)	CARL REH	DER	PADG	ETTE	, SI
3. 5	EX	4 RACE		5. DATE OF		
s off	Male	Cauca	sian	March	10°,	190
70. E	BIRTHPLACE (STATE OR I		WHAT COUNTRY?	8. MARRIED	☐ NEVER	MARRIE
16	North Carol			WIDOWED	X D	NORCE
1 2 -	La Plata		HOSPITAL, NURSING ICH FACILITY, GIVE STREET AS CLANS METI			ត្ត spi
	UAL RESIDENCE (IF NURS STATE Maryland	138 COUNTY St. Mary's	13c. CITY OR TOWN Mechanics	ville	3d INSIDE (NO !
14. F	FATHER'S NAME			1	5. MOTHER	
(1) E	Benjamin	Thomas	Padgette	9	Mary	FIRST
160	WAS DECEASED EVER		166. SOCIAL SECUR	ITY NO. I	17 INFORM	ANT
N	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	579-10-16	31	Carl	R.
z	Conditions, if any, gove rise to immease (a), stotin underlying couse	, which (b)_ mediate and the DUE TO, (DR AS A CONSEQUEN DR AS A CONSEQUEN CONTRIBUTING TO DE	ICE OF	OT RELATE	19
CERTIFICATION	190 DATE OF OPERA	TION 196 CONE	DITION FOR WHICH C	PERATION	WAS PERF	DRMED
-	210, ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH HOUR A	OF INJURY A.M. MONTH DAY P.M.		21c. HOW II	VAULV
MEDICAL	21d. INJURY OCCURI	ILE TAT HOME, S	OF INJURY TREET, FACTORY, OFFICE FAR		21f LOCAT STREE	
		(this hospital) attended the dalive an alid raid native with bod	. 19	Jond Jond	that in (my	, 19.
	22b. SIGNATURE	heat	~~~~	DE	GREE	ATTEN PHYSI
	22d PHYSICIAN'S N	AME (TYPE OR PRINT)	Fen		77e ADDRE	55
127	DUDIAL COCALATION	25.1.0.1.1. Table 2.475	22. NI	AME OF CEA	ACTERY OR	CDEAL

4739 Baltimore Ave., Hyattsville, Maryland

FOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2b. HOUR R. November 1987 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 82 9. BALTIMORE CITY OR COUNTY OF DEATH ED 🗆 Charles ED NC WESTBERONF BUSINESOEN 120 USUAL OCCUPATION Manager TE EGRAPH CO. ta1 MITS? Rt. #3, Box 192, 20659 DEN NAME Shaw Susan ADDRESS Padgette, Jr., Same as Line #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE YES T NO | OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE apinion death accurred on the date and hour and fram the couses stated 22c DATE SIGNED MEDICAL STAFF IN THE IRECTOR PHYSICIAN LOCATION 11-14-87 Ft. Lincoln Cemetery PG. Maryland FRANCIS GASCH, S SONS FUNERAL HOME,

DHMH - 16 50M 4/B2 (VRA 15, 4)

(SPECIFY Burial

dia Davidson Randals

Letters (TO , nor were furnished and removal of the letters of the

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ral director, page 3 72 hours ofter death

completely f

injury, or other traumatic event

IMPORTANT: # Hem 21 is morked or Hem 18 show sany

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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0	87-	FOR STATE REGISTRAR			AL HYGIEI H	8 7 REG. N	3 2	6 5	1.				
		CEASED NAME FIR	garet	FRA	NCES	ohins	AST	2	DATE OF DEATH	MONTH DA	5 1087	26 HOUR	
	3. SE)		4. RACI			5. DATE C	F BIRTH	-	AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS	
	F	EMALE	WH	ITE		AUG. 12. 1907			80	YRS	ONTHS DAYS	HOURS MIN.	
	7a BII	RTHPLACE (STATE OR FOREIC	N 76 CITI	ZEN OF WH	IAT COUNTRY?	8.	NEVER MARRIE	_ 0	BALTIMORE CITY C	OF DEATH			
1		ID.	U.	S.A.		WIDOWED X DIVORCED			Charles C		MD.		
1	La	TY OR TOWN OF DEATH	PI	NOT IN SUCH FA	ans Mem	orial	Hospital	(126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE . HOME				
-	13a. S	AL RESIDENCE (IF NURSING H	OME OR OTHER IN	ISTITUTION, GIV	E RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIM	AITS?	3e.STREET ADDRESS	7 IP CODE			
1	ME		.mary		CALIFO		YES NO		P.O. BO		20619		
7		THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAID	ENNAME					
		HENRY	GREY	1	MESSIC	Z	FRANC	CEC	TRENE		COPS	EY	
_		VAS DECEASED EVER IN U	S. ARMED FORCES? 166. SOCIAL SECURITY				17. INFORMANT	CES	ADDRI	SS BOX	999,	111	
2	11	VES, NO OR UNKNOWN) (IF	YES, GIVE WAR OF	67-30-	0342	ZORA SIE	EMASI			ON PAR	K, MD.		
	CERTIFICATION	Conditions, if ony, wh gave rise to immedia couse (a), stating to underlying couse to PART 2 OTHER SIGNIFICE 19a. DATE OF OPERATION	ich offe he offe offe offe offe offe offe	IE TO, OR A		NCE OF	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	20b. IF YES,	WERE FINDIN	GS USED	
	TIFIC								YES NO YES NO NO				
1	MEDICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH	D. TIME OF II OUR A.M. P.M.	NJURY MONTH DA	Y YEAR	21c. HOW INJURY C	OCCURRE	O (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2}		
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(A)	E PLACE OF THOME, STREET	INJURY , FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE	
		220.1 certify that (I) (this saw Ahe deceased of	ive on	ulle		101	that in (my) (our) a	opinian dec	ath occurred on the d	ote and have		hat (I) (we) last auses stated	
		77b, SIGNATURE		_	D		DEGREE ATTEND	DING CON	MEDICAL STA	FF TAN [22c DATE S	SIGNED SA	
		22d. PHYSICIAM'S NAME	(TYPE OR PRINT)	-			22e ADDRESS		DIRECTOR E THIS		1	1	
		Khadar 1							aryland 20	646			
	23a B	BURIAL, CREMATION, REM		1-07			EMETERY OR CREMA		23d. LOCATION CITY OR TOWN	FCVTI	COUNTY F. S.T.	M., MD.	
	24 FL	BURIAL JNERAL DIRECTOR	1 1	1-0/	-01 [0.	υυ г.	IN CEL	Condition	RECD. BY NEGISTRAN		ARS SIGNATU		
	- 111	V. CLARKE	ATTIN	IGLEY	ADDRESS LEON.	ARDT	OWN, MD.	VUVU	9 1987 4	his Devis	lan-Alm	litt.	

DHMH - 16 60M 7/84

(VRA 15, 4)

TO HOSPITAL OR

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110 / 0 1987 St. Site - Poten

		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	6 8 8
7 3 3 2 2 E E O 2	(TYF	CEASED NAME POUL	W Schaffer 100 DATE KNOWN & MONTH	21 1987 01:50
840.0	75	111 W	5. DATE OF BIRTH MONTH DAY VEAR OF OR OR OF BIRTH MONTH DAY VEAR LAST BIRTHDAY) MONTHS. DAYS HOURS MIN PRONOUNCED DEAD //	ZI 1987 2d HOUR
S NECESSA FUNERAL 5 FOR YO 5, WITHIN	1º00 Te	RTHPLACE (STATE OR BREIGN COUNTRY) MM SYl Wania	**MARRIED NEVER MARRIED ** BALTIMORE CITY OR COUNTY OF	MD
DELAY IS THE FILED, BRE FILED,	L	a Plata	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Physicians Memorial Trype of work FOR MOST OF WORKING LIFE) The substance of working LIFE)	or industry
MD. 21201		AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUN		seshoe Place
W 28) F	Elwood F	MIDDLE ayruand Schaffer Mary Anne	Flick
IN BALTIMO			NED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Hodgkins, Fair	5 Parson Lane Pax, Ch. 22033
		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE IMMEDIA		BETWEEN ONSET AND DEATH
W. PREST WITHIN PENCIL IN WINER ALL TRANSIT ENTAL HY		Conditions, if ony, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
L RECORDS, 201 ULD BE EXECUTEI "PENDING" IN I F MEDICAL EXA ED AS A BURIAL HEALTH AND M AL, CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS COPD	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
F VITAL RE E SHOULD WORD "PE E CHIEF N BE USED A BURIAL,	TIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO NO
PICATE WON OF THE WORLD B NET OF THE WORLD B OR TO B	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR EATH P.M. 19	ART 2)
	MEDI	218. INJURY OCCURRED WHILE NOT WHILE TO AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CO	DUNTY STATE
MINER: THI HICATE, W BE FORWA ECTOR: PAC H THE STAT			e of the remains described above, held on Autopsy , Inspection Inquiry , and in my a of causes , Accident , Suicide , Hamicide , Undetermined manner ,	pinion
MEDICAL EXAMINER: 1 CECUTE THE CERTIFICATE, CEE 4 SHOULD BE FORW OF THE DIRECTOR: FIRE DEATH, WITH THE SIX		ACTUA CO aus	TITLE (SPECIEY) M.D. ASSCETANT MEDICAL EXAMINER SIGN	IED 11/22/87
TO MEDIC EXECUTE TO FUNEI TO FUNEI BALTIMOR		EXAMINER'S NAME DA	Mid N. Gingrich ADDRESS 5019 Wood haven Dr. L	a Plata, MD
Bb	(:	URIAL, CREMATION, REMOVAL	11-25-87 Trinity Memorial Bardens Waldorf, Charl	es Md.
DHMH - 17 (VR A15 ME (5)) 20M 4/82	Ea	ward W. Brinsy	celd Jr., Leonard town, Md. 1250. Date REC'D. By REGISTERAR 129 REGISTERAR 140 RE	SIGN FURE

E OF MARYLAND

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T. T. S. J. S. J. S. J. S. J. S. VOM.

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41	FOR STATE
	DECIS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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-1		REGISTRAK				CENTIL	ICAIL OI D		REG. NO.					
4	DEC	EASED NAME	FIRST		WIDDLE	L	AST	+ +	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
4	0	- KIM]	Dani	iel	M.	5	Seay Sr.		November :	19, 19	87		М	
P	5E3			4 RACE		5 DATE C			6 AGE (IN YEARS LAST 88	(YADAY)	IF UNDER 1 YEAR		24 HRS	
		Male	717	Cauca			ber 22,		68	YRS	MONTHS DAYS	HOURS	MIN.	
4	a BIR	THPLACE (STATE OF FO	OREIGN	76 CITIZEN	OF WHAT COUN	ITRY? 8.	D X NEVER M	ARRIED T	9 BALTIMORE CITY OR COUNTY OF DEATH					
	Maı	ryland		U.S		WIDOWE	D DIV	ORCED	Charles County MD.					
4		Y OR TOWN OF DEA	TH		OF HOSPITAL, NI SUCH FACILITY, GIVE	URSING HOME C	OR OTHER INST	TUTION	170 USUAL OCCUPAT		12b. KIND C INDUSTRY	OF BUSINE	ESS OR	
1	Hu	ghesville		Rout	e 1 Bo	x 424 A		Post	Carpenter-ret. Fed. Gov't.					
	SUA 130. S	L RESIDENCE (IF NURSI	NG HOME OR		ON, GIVE RESIDENCE		13e.STREET ADDRESS	/ 7IP CODE	7	101	37			
		ryland	Char	_		13d. INSIDE CITY LIMITS? Hughesville YES \(\sigma \text{NO} \text{ \text{NO}} \)				Box 4	-		1	
		THER'S NAME						MAIDEN NAM		2021 1				
7	1	Adam FIRST		MIDDLE		Perkins Annie			MIDDLE		rguson	51		
T		AS DECEASED EVER		MED FORCES		SECURITY NO.	17. INFORMAT	NT.	ADDR	ESS			1	
L	11	Yes	WW			6-7879	Bernic	e V. Se	eay Same	as 13				
ſ		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d) PART I. DEATH WAS CAUSED BY:												
ı		IMMEDIATE CAUSE (0) 1. Whate February do Dice												
	- 1	DUE TO, ORAS A CONSEQUENCE OF ON											7	
		Conditions, if ony,		(b)	20	uemi	200	S	of Nov	1/10	myer	4//		
		gave rise to imm cause (a), stating		DUETO	OR AS A CONS	SEQUENCE OF					0			
ı		underlying cause	last.	(c)		52002110201			V		1160			
ı	-	PART 2. OTHER SIGN	IFICANT (G TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 1	0		
ľ	Z 0													
1	CERTIFICATION	90 DATE OF OPERAT	19b. CON	NDITION FOR W	HICH OPERATIO	MED	70e AUTOPSY?		, WERE FINDIN					
ı	Ĕ								YES TO NOT		YING CAUSES	NO [
1	20	21a. ACCIDENT WAS UND	ERLYING [OF INJURY		21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF INJE					
ı	1744	OR CONTRIBUTING C		ALIN .		DAY YEAR								
ı	MEDICAL	(IF EITHER NOTIFY MEDIC			P.M. E OF INJURY									
ı	E I				STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	133	CITY OR TO)WN	COUNTY	5	STATE	
ı		HILE NOT WHI	-			-	1		1.3		03		-	
ı		220.1 certify that				0 70	18/	., 19	to		9 /	that (1) (
ŀ		sow the decease above, (b) (we) (d	lid) (aid no	hew the bo	dy ofter death	19 <u>\(\)</u> , or	nd that in (my) (our) opinion d	eath occurred on the d	ate and hour	ond from the	causes sta	ated	
ı		226 SIGNATURE		1	M		DEGREE	1.50			22c DATE	SIGNED	1000	
ı		Deo	no	AN	70-10	Cum	WW A	TENDING HYSICIAN X	MEDICAL STA		Nov.	20.1	987	
1		HYSICIAN'S NA	ALE (TYPE C	OR PRHATS			22e ADDRESS				L. C. V.	2011		
l		W	951	Dur)		L	1201	SORC	Wal	dorf. N	Mary]	land	
ľ	73a. B	URIAL, CREMATION, I	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR C	REMATORY	23d LOCATION					
I	(5	Burial		11/23	/87	Provide	nce Cem	oton,	Kempton	Fr	ederick		Ad.	
1	4. FU	NERAL DIRECTOR	6622			r Ferry		25a. DATE				TURE	BAR	
1	Te	e Funeral			TEXALICE.		on, Md.	NOV	25 1987		. 5	-	,	
1		- unclui	TICILE J	TIIC.		CTIL	on, ru.	TIAOA	au 1301 flue pendion Pendell					
									_			-		

DHMH - 16 60M 7/84 (VRA 15, 4)

APOSTANT. IF

O FUNERAL DIRECTOR

STATE OF MARYLAND

87 - FOR STATE REGISTRAR			DEPARTN	CERTIFI	CATE O			IENB	REG	. NO.	da	O	4 0
1. DECEASED NAME	FIRST		WIDDLE	LA	AST			2a. DATE	OF DEATH	MONTH	DAY	YEAR	26. HOUR
(TYPE OR PRINT)	BEATI	RICE AC	INES T	HOMP	SON				11	8	198	37	12:11 %
J. SEX		4. RACE		5. DATE O				& AGE (N YEARS LAST	BIRTHDAY)	MONTHS	DER 1 YEAR	IF UNDER 24 HRS
FEMAI	E	WHIT	TE	2	DAY	18	191	1	76	YRS		DATS	HOURS MIN.
BIRTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	□ NEVE	RMARR	IED 🗆	9. BALTIA	AORE CIT	Y OR COUN	ITY OF D	EATH	
PENNSYLVA	NIA	U. S.	Α.	WIDOWE	1/	DIVOR			CHA	RLES			MD
LA PLATA		(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A CIANS M				PITA	(TYPE OF W		ATION STOFWORKING		DUSTRY	HOME
USUAL RESIDENCE (IF NO. 130 STATE MARYLAND	136 COUN	OTHER INSTITUTION RITY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN LA PLAT	N B	13d. INSID	E CITY L		13 STREE			202	20	20646
HARRY		WIDDLE	ORNER		15. MOTH	R'S MA	IDEN NA!	ME	WIDDL	:		ZER	BE
160 WAS DECEASED EVE (YES NOOR UNKNOWN)		MED FORCES? /E WAR OR DATES)	166. SOCIAL SECU		MAR		ET S	CHLA			re. LATA		X 2020 .20646
18. CAUSE OF DEA PART 1. DEATH	WAS CAUSE		line far (a), (b), and	Jul Jul	· 11-			a	ne	x		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
Canditions, if or	ny, which	DUE TO, Q	AS A CONSEQUE	NCE OF	elo	you	andi	سر ات	1	ti	2	4	hr

gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse lost. THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 20s. IF YES, WERE FINDINGS USED 28s AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOR YES T A-NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONJH . DAY ONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET

22a. I certify that (I) (this hospital) ottended/the deceased from

saw the deceased olive on abave, (I) (we) (did) (did not) view the body ofter death.

PAUL

DEGREE ATTENDING

22e. ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

24 PHYSICIAN'S NAME (TYPE OF PRINT)

PRITCHETT

PLATA, MD LA

23e BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY ST. EDWARD'S

23d LOCATION CITY OR TOWN SHAMOKIN

COUNTY STATE PA.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR.

hould be detach oth the State De

MPORTANT, II

24 FUNERAL DIRECTOR TENATT Home, La Plata, Mos RATELECP Kelley Funl. Home, Shamokin, Pa. 17872

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A. LIE. DE L TREADRICE ETCS-CE-PMY

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age's auni. Home. Mamorin. Fo. 2007

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH GISTRAR DECEASED NAME FIRST MIDDLE 2a DATE OF DEATH 2b HOUR TYPE OR PRINT ANITA Mary VANNI November 03 1987 5:00 PM 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) August 5, 1913 74 Female Caucasian 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED U.S.A. Charles Washington, D.C. DIVORCED WIDOWEDXX 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO 12b. KIND OF BUSINESS OR INDUSTRY Physicians Memorial Hospital La Plata Momemaker Home. St. Mary's 13e.STREET ADDRESS / ZIP CODE Hughesville Maryland Rt # 1 Box 360 20637 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Adami Pieri Palmira Iocopino 16b. SOCIAL SECURITY NO 17. INFORMANT Rt #1 Box 360 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 577-26-2399 Elizabeth P. Vanni Hughesville, Md 20637 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: Mulyn gave rise to immediate cause (a), stating the underlying cause ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90. DATE OF OPERATION 21h TIME OF INJURY HOUR A.M. P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME STREET FACTORY, OFFICE ARM, ETC.) 22a. | certify that (1) (this haspital) attended the deceased from 97, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an. ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 220 PHYSICIAN'S NAME ITYPE OF PRINT

Paul Pritchett, M.D. 230 BURIAL CREMATION REMOVAL 23b. DATE

Burial

La Plata, Maryland 20646 23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

"Washington," D.C.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

M FUNERAL DIRECTOR Lee Funeral Home, Inc.

11/06/87

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

07	1890 NOV	618	7FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS 7 3 2 5 9 2 CERTIFICATE OF DEATH REG. NO.							
			CEASED NAME FIRST		WIDDIE	7.11	LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
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	moy po	3. 5E		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	ge 4 ector		Female	Cauc	asian	May		6.8	YR5.	MONTHS DAYS	HOURS MIN.	
	oth. Page eral direct 72 hours	7a B	RTHPLACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY?			RALTIMORE CITY				
	non 72	Virginia 10 CHY OR TOWN OF DEATH Laplata Md		US.			ED NEVER MARRIED DIVORCED	Charles County MD.				
	e de la company			11. NAME C			OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (TYPE OF WORK FOR MOST OF WORK FOR WORK				
5	No.			Physi			Hospital				Home	
BALTIMORE, MARYLAND 21201	124	13a. S	AL RESIDENCE (IF NURSING HON STATE 136 CO aryland Ch			RE ADMISSION	13d. INSIDE CITY LIMITS?				601	
Y.F.		_	ATHER'S NAME				15. MOTHER'S MAIDEN N					
AR			Murray Louis Kirby Elizabeth Frances Brooks								ike	
E, N			VAS DECEASED EVER IN U.S.			9	17. INFORMANT					
MOM	medico	1	YES, NO OR UNKNOWN) (1F YES	GIVE WAR OR DATES	228-14	-0031	Shelby Je	an Onade	7.7-7	Ryon Co	urt	
ALTI	1 3 2 1		18. CAUSE OF DEATH (Ente	r only one course			, 01.012) 00	-an quado	Walk	APPROX	1d 20601	
	e to		PART I. DEATH WAS CA	USED BY:	Respir		1 arrest			BC WEEK	UNSET AND DEATH	
N S	ding orbor		IWWEI	DIATE CAUSE (a)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	attending otton otton orion, or troumotic		Conditions, if any, which		OR AS A CONSEQUE	MOVIE	Kunze					
PRE	0 6 6 7		gave rise to immediate		OR AS A CONSEQU							
3	by the by the last representation of the contract of the contr		underlying cause last		OR AS A CONSEQU	DENCE OF						
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000	beer mit.	S A	190 DATE OF OPERATION	19b CON	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	NGS USED	
AL R	Per Per Por	F						YES NO		YES	NO [
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9	11	CAL	OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19						
ON ON	To E D O	MEDICAL	21d. INJURY OCCURRED		E OF INJURY	EARL STC \	211 LOCATION	CITY OR T	OWN	COUNTY	STATE	
N/S	DING PH or attent After this e as the booth and a	>	AT WORK AT WORK	(ATTIOME.	STREET, FACTORT, OFFICE	, ranm, EIC)	: 0					
-			220.1 certify that (I) (this h	ospital) attended	the deceased fram	- 11	W. + 19 8		17-	- /	that (1) (we) last	
	Spito CTO for of h		saw the deceased alive above, (I) (west-did) (did	not) view the bo	dy after death.	87	nd that in (my) (see) opinio	on death accurred on the	date and h	our and from the	causes stated	
	OR ATTEN the hospital DIRECTOR, oched for us Dept, of He frem 21 is		226. SIGNATURE DEGREE 226. DATE SIGNED									
	Y the Oy the Didetock detock to be Didetock to be D		M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
	HOSPII ined by FUNER VId be h the St		22d. PHYSICIAN'S NAME (TYPE OR PRINT). 220. ADDRESS									
			Girija S. Rath, M.D. Waldorf, Maryland									
	5 p 5 % 3	23a. E	BURIAL, CREMATION, REMOV		230	NAME OF	EMETERY OR CREMATOR	Y 23d LOCATION		COUNTY	STATE	
	BP		Burial	11-1	14-87 S	t. Pa	aul's Cem.	Waldor	f. Cl	narles.	Md	
	DHMH - 16 50M 4/82	24 FI	JNERAL DIRECTOR		P.O.B		6 25a D	ATE REC'D BY REGISTRA	R 25b REGI	STRAR'S SIGNAL	Pendale	
	(VRA 15, 4)		Huntt Funer	al Home			1d 20601 N	OV 13 1987	0			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-108 F JNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET, DEATH MATED 4 RACE IF UNDER IF UNDER 24 HRS DATE OF DATE MONTH LAST BIRTHDAY) DAY YEAR PRONOUNCED 198 3 65 22 DEAD IS NECESSARY YRS 70. BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRYS P. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WIDOWED [DIVORCED Japan Charles Co. IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 806 Truro Court Waldorf USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Charles 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN Waldorf 20601 MD 806 Truro NO CX 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Tippett FIRST Phillip Wallace, Sr. BALTIMORE. Farl Anna Mae 17. INFORMANT father ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) same as Phillip E. Wallace, Sr. THE CHIEF MEDICAL EXAMINER ALONG WITH JLD BE USED AS A BURIAL - TRANSIT PERMIT. PAGMENT OF HEALTH AND MENTAL HYGIENE, DIVISIT OF BURIAL, CREMATION, OR REMOVAL. n/a no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY in stantaneous IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION CERTIFICATE SHOULD 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 🗌 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY JATHOME, 21 LOCATION AT WORK AT MALE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY

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EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CT TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE I AFFER ELLH, WITH THE STATE DEPARTMENT OF BA THE CHANNEY STATE DEPARTMENT OF STATE 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Undetermined manner death resulted fram: Hamicide Natural causes ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 238. LOCATION COUNT STATE Nov. 6,1987 Cedar Hill Cemetery Suitland P.G., MD Burial BP 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 25b. REGISTRAR'S SIGNATURE westdoon- Ka **DHMH - 17** (VR A15 ME (56633 Old Alexander Ferry Rd., Clinton, MD 20735 20M 4/82

